

## NURSE MAUDE ASSESSMENT/CARE PLAN

Name: \_\_\_\_\_ CHIF # \_\_\_\_\_ DOB \_\_\_\_\_ CV/OV  HV  TV

Primary Caregiver/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Initial  Interim  Final

### Mental Health

**K** 1 2 3 4 5      **B** 1 2 3 4 5      **S** 1 2 3 4 5      **Not Applicable or Unable to Address Today (circle one)**

Signs and Symptoms	Category	Target	Client Specific Information	Notes
<input type="checkbox"/> sadness/hopelessness/decreased self-esteem <input type="checkbox"/> apprehension/undefined fear <input type="checkbox"/> loss of interest/involvement in activities/self-care <input type="checkbox"/> narrowed to scattered attention/focus <input type="checkbox"/> flat affect <input type="checkbox"/> irritable/agitated/aggressive <input type="checkbox"/> purposeless/compulsive activity <input type="checkbox"/> difficulty managing stress <input type="checkbox"/> difficulty managing anger <input type="checkbox"/> somatic complaints/fatigue <input type="checkbox"/> delusions <input type="checkbox"/> hallucinations/illusions <input type="checkbox"/> expresses suicidal/homicidal thoughts <input type="checkbox"/> attempts suicide/homicide <input type="checkbox"/> self-mutilation <input type="checkbox"/> mood swings <input type="checkbox"/> flash-backs <input type="checkbox"/> other	CM	legal system	Protective Services, law enforcement	
	CM	continuity of care	Coordination among providers	
	CM	medical/dental care	Psychological/psychiatric evaluation or assesment, management plan	
	CM	other community resources	Support group	
	CM	social work/counseling	Behavioral health services, community counseling	
	S	medical/dental care	Available resources for mental health care and follow up, access to care	
	S	signs/symptoms mental/emotional	Screening including past history of mental health problems	
	S	signs/symptoms mental/emotional	Freq of Symptoms including suicidal ideation	
	TGC	coping skills	Adaptation techniques	
	TGC	signs/symptoms mental/emotional	Emotional health	

### Abuse

**K** 1 2 3 4 5      **B** 1 2 3 4 5      **S** 1 2 3 4 5      **Not Applicable or Unable to Address Today (circle one)**

<input type="checkbox"/> Harsh/excessive discipline <input type="checkbox"/> Attacked verbally <input type="checkbox"/> Welts/bruises/burns/questionable injuries <input type="checkbox"/> Fearful/hyper vigilant behavior <input type="checkbox"/> Violent environment <input type="checkbox"/> Consistent negative messages <input type="checkbox"/> Assaulted sexually <input type="checkbox"/> Other	CM	legal system	Protective Services	
	S	finances	Exploitation	
	S	signs/symptoms mental/emotional	Behavioral extremes; isolation; fear; depression: withdrawal	
	S	signs/symptoms physical	Unexplained injuries; evidence of physical or sexual abuse	
	TGC	safety	Safety plan	
	TGC	support system	Emotional support	

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### Neglect

	K	1	2	3	4	5	B	1	2	3	4	5	S	1	2	3	4	5	Not Applicable or Unable to Address Today (circle one)	
<input type="checkbox"/> Lacks adequate physical care							CM						legal system						Protective Services	
<input type="checkbox"/> Lacks emotional support							S						safety						inappropriately left alone, ignores personal safety	
<input type="checkbox"/> Inappropriately left alone							S						signs/symptoms mental/emotional						behavior extremes, mental capacity	
<input type="checkbox"/> Inadequate/delayed medical care							S						signs/symptoms physical						unmet health needs (e.g. medical neglect, harmful alternative health care practices)	
<input type="checkbox"/> Lacks necessary supervision							S						signs/symptoms physical						unmet basic needs, malnutrition, weight loss, poor hygiene	
<input type="checkbox"/> Other							TGC						safety						Safety plan	
							TGC						support system						Emotional support	

### Medication regimen

	K	1	2	3	4	5	B	1	2	3	4	5	S	1	2	3	4	5	Not Applicable or Unable to Address Today (circle one)	
<input type="checkbox"/> does not follow recommended dosage/schedule							CM						medication coordination/ordering						Coordination among providers	
<input type="checkbox"/> evidence of side effects/adverse reactions							CM						medication coordination/ordering						Resources to obtain needed medications	
<input type="checkbox"/> inadequate system for taking medication							S						medication action/side effects						adverse events, therapeutic effects, allergies, interaction	
<input type="checkbox"/> improper storage of medication							S						medication administration						follows correct dose, technique, and schedule	
<input type="checkbox"/> fails to obtain refills appropriately							S						medication coordination/ordering						medication reconciliation, review of all prescribed and other medications	
<input type="checkbox"/> fails to obtain immunizations							S						medication coordination/ordering						checking for high risk medications for age/condition (e.g. Beers Criteria)	
<input type="checkbox"/> inadequate medication regimen							S						signs/symptoms mental/emotional						ability to make judgments related to medication adherence	
<input type="checkbox"/> unable to take medications without help							S						signs/symptoms physical						manual dexterity and physical acuity	
<input type="checkbox"/> other							S						laboratory findings						to guide dose of medication (e.g. glucose, INR)	
							TGC						medication action/side effects						purpose and benefit	
							TGC						medication administration						follows correct dose, technique, and schedule	
							TGC						safety						adverse events, therapeutic effects, allergies, interaction	
							TGC						equipment						home therapy, monitoring, or infusion equipment (e.g. IV pump, insulin pump)	
							TP						medication administration						correct dose, technique, and schedule	
							TP						medication set up						correct dose, technique, and schedule	
							TP						specimen collection						medication-specific diagnostic test	

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<i><b>Nutrition</b></i>																			
<b>K</b>	1	2	3	4	5	<b>B</b>	1	2	3	4	5	<b>S</b>	1	2	3	4	5	<b>Not Applicable or Unable to Address Today (circle one)</b>	
<input type="checkbox"/> overweight: adult BMI 25.0 or more; child BMI 95th percentile or more <input type="checkbox"/> underweight: adult BMI 18.5 or less; child BMI 5th percentile or less <input type="checkbox"/> lacks established standards for daily caloric/fluid intake <input type="checkbox"/> exceeds established standards for daily caloric/fluid intake <input type="checkbox"/> unbalanced diet <input type="checkbox"/> improper feeding schedule for age <input type="checkbox"/> does not follow recommended nutrition plan <input type="checkbox"/> unexplained/progressive weight loss <input type="checkbox"/> unable to obtain/prepare food <input type="checkbox"/> hypoglycemia <input type="checkbox"/> hyperglycemia <input type="checkbox"/> other						CM						continuity of care						Referral to nutritionist	
						CM						dietary management						Resources for obtaining recommended foods	
						S						dietary management						Follows recommended nutritional plan (e.g. therapeutic diet)	
						S						dietary management						Ability to prepare recommended nutritional plan	
						S						dietary management						Ability to consume recommended nutritional plan	
						S						dietary management						Weight loss/gain	
						TGC						behavior modification						Alter eating habits	
						TGC						behavior modification						Nutrition modification	
						TGC						dietary management						Recommended nutritional plan, healthy eating for age/condition, therapeutic diet	
						TGC						nutritionist care						Establish diabetic nutrition needs	
						TP						dietary management						Nourishment with balanced food/fluids for specific disease management	
						TP						feeding procedures						Correct formula, amount, technique, and schedule	

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<b>Caretaking/Parenting</b>																		
<b>K</b>	1	2	3	4	5	<b>B</b>	1	2	3	4	5	<b>S</b>	1	2	3	4	5	<b>Not Applicable or Unable to Address Today (circle one)</b>
<input type="checkbox"/>	Difficulty providing physical care/safety					CM	environment					Transitions in housing and levels of care						
<input type="checkbox"/>	Difficulty providing emotional nurturance					CM	finances					resources available to assist with financial needs associated with caregiving						
<input type="checkbox"/>	Difficulty providing cognitive learning experiences and activities					CM	legal system					guardianship, advance directives, decision making authority						
<input type="checkbox"/>	Difficulty providing preventive and therapeutic health care					CM	support system					Caregiving support groups, parish nurse, elder care services						
<input type="checkbox"/>	Expectations incongruent with stage of growth and development					S	coping skills					manages challenges and changes						
<input type="checkbox"/>	Dissatisfaction/difficulty with responsibilities					S	safety					physical or emotional abuse of caregiver by patient						
<input type="checkbox"/>	Difficulty interpreting or responding to verbal/non verbal communication					S	signs/symptoms physical					physical ability to provide needed cares						
<input type="checkbox"/>	Neglectful or abusive					TGC	caretaking/parenting skills					activities of daily living						
<input type="checkbox"/>	Other					TGC	continuity of care					coordination among providers and resources						
						TGC	coping skills					realistic expectations						
						TGC	day care/respite					how to choose, appropriate care givers						
						TGC	sickness/injury care					recognizes need for care and follow-up						
						TGC	stress management					addressing stressors to relieve caregiver strain/burden						
						TGC	wellness					health maintenance						

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<b>Substance Use</b>																					
	K	1	2	3	4	5	B	1	2	3	4	5	S	1	2	3	4	5	Not Applicable or Unable to Address Today (circle one)		
<input type="checkbox"/> abuses over-the-counter/prescription medications <input type="checkbox"/> uses "street"-recreational drugs <input type="checkbox"/> abuses alcohol <input type="checkbox"/> smokes/uses tobacco products <input type="checkbox"/> difficulty performing normal routines <input type="checkbox"/> reflex disturbances <input type="checkbox"/> behavior change <input type="checkbox"/> exposure to cigarette/cigar smoke <input type="checkbox"/> buys/sells illegal substances <input type="checkbox"/> other							CM						legal system						Criminal justice		
								CM						substance use cessation						Detox, treatment, counseling	
								CM						support group						Community based support	
								S						screening						Use pattern	
								S						signs/symptoms mental/emotional						depression, anxiety, aggression	
								S						signs/symptoms physical						Withdrawal symptoms, cravings	
								TGC						anatomy/physiology						Effects of use on self and others	
								TGC						behavior modification						Motivate change; decrease/stop use of alcohol, tobacco, other drugs	
								TGC						coping skills						Dealing w/triggers, symptoms, peer pressure	

<b>Residence</b>																					
	K	1	2	3	4	5	B	1	2	3	4	5	S	1	2	3	4	5	Not Applicable or Unable to Address Today (circle one)		
<input type="checkbox"/> Structurally unsound; inadequate heating/cooling <input type="checkbox"/> Steep unsafe stairs/inadequate/obstructed exits & entries <input type="checkbox"/> Cluttered living space <input type="checkbox"/> Unsafe storage of dangerous objects/substances <input type="checkbox"/> Unsafe mats/throw rugs/inadequate safety devices <input type="checkbox"/> Presence of lead based paints/unsafe equipment/wiring <input type="checkbox"/> Structural barriers/homeless <input type="checkbox"/> Other							CM						home						Housing resources		
								CM						home						Refer to resources for modifications	
								S						environment						Current living conditions	
								S						home						Appropriateness for needs	
								S						safety						Structural problems	
								S						safety						Home safety assessment, fall risks	
								TGC						home						Long range planning/decision making	
								TGC						safety						Home safety recommendations	

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<i>Skin</i>																			
K	1	2	3	4	5	B	1	2	3	4	5	S	1	2	3	4	5	Not Applicable or Unable to Address Today (circle one)	
<input type="checkbox"/> lesion/pressure ulcer						CM						continuity of care						coordination among providers, specialists, transitional care	
<input type="checkbox"/> rash						CM						durable medical equipment						acquire needed equipment	
<input type="checkbox"/> excessively dry						CM						supplies						consumable products	
<input type="checkbox"/> excessively oily						CM						support group						diagnosis-specific support	
<input type="checkbox"/> inflammation						S						equipment						skin/wound equipment functioning and use within parameters	
<input type="checkbox"/> pruritus						S						laboratory findings						interpretation of tests	
<input type="checkbox"/> drainage						S						signs/symptoms physical						skin integrity (redness, break down, wound, rash, changes, pain, drainage)	
<input type="checkbox"/> bruising						S						signs/symptoms physical						wound assessment (measurement, Braden scale)	
<input type="checkbox"/> hypertrophy of nails						TGC						anatomy/physiology						skin disease process, early recognition of symptoms	
<input type="checkbox"/> delayed incisional healing						TGC						copied skills						dealing with symptoms and limitations, supportive approach	
<input type="checkbox"/> other						TGC						positioning						body position to support skin healing and prevent skin breakdown	
						TP						dressing change/wound care						correct technique, supplies, and schedule	
						TP						skin care						hygiene, lotion, massage, soaks	
						TP						specimen collection						blood draws, cultures	



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<b>Respiration</b>																	
	<b>K</b> 1 2 3 4 5					<b>B</b> 1 2 3 4 5					<b>S</b> 1 2 3 4 5					<b>Not Applicable or Unable to Address Today (circle one)</b>	
<input type="checkbox"/> abnormal breath patterns						CM					continuity of care					coordination among providers, specialists, respiratory therapy, transitional care	
<input type="checkbox"/> unable to breathe independently						CM					durable medical equipment					acquire needed equipment (e.g. oxygen)	
						CM					supplies					consumable products	
<input type="checkbox"/> cough						CM					support group					diagnosis-specific support	
						CM					support system					employment, spirituality, family changes	
<input type="checkbox"/> unable to cough/expectorate independently						S					equipment					respiratory support equipment functioning and use within parameters	
						S					laboratory findings					interpretation of tests	
						S					safety					Oxygen safety protocols	
<input type="checkbox"/> cyanosis						S					signs/symptoms physical					respiratory status (oxymetry, incentive spirometry, peak flow)	
<input type="checkbox"/> abnormal sputum						TGC					anatomy/physiology					respiratory system, disease process, early recognition of symptoms	
<input type="checkbox"/> noisy respirations						TGC					coping skills					dealing with symptoms and limitations, supportive approach (e.g. use of oxygen)	
<input type="checkbox"/> rhinorrhea/nasal congestion						TGC					positioning					body position to support respiratory function; pursed lip breathing	
<input type="checkbox"/> abnormal breath sounds						TP					exercises					pulmonary rehabilitation	
<input type="checkbox"/> abnormal respiratory laboratory results																	
<input type="checkbox"/> other																	
						TP					specimen collection					blood draws, sputum collection	

<b>Neuro-Musculo-Skeletal Function</b>																
	<b>K</b> 1 2 3 4 5					<b>B</b> 1 2 3 4 5					<b>S</b> 1 2 3 4 5					<b>Not Applicable or Unable to Address Today (circle one)</b>

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<input type="checkbox"/> limited range of motion <input type="checkbox"/> decreased muscle strength <input type="checkbox"/> decreased coordination <input type="checkbox"/> decreased muscle tone <input type="checkbox"/> increased muscle tone <input type="checkbox"/> decreased sensation <input type="checkbox"/> increased sensation <input type="checkbox"/> decreased balance <input type="checkbox"/> gait/ambulation disturbance <input type="checkbox"/> difficulty transferring <input type="checkbox"/> fractures <input type="checkbox"/> tremors/seizures <input type="checkbox"/> difficulty with thermoregulation <input type="checkbox"/> other			coordination among providers, specialists, transitional care, rehabilitation and exercise programs	
	CM	continuity of care		
	CM	durable medical equipment	acquire needed equipment	
	CM	supplies	consumable products	
	CM	support group	diagnosis-specific support	
	CM	support system	employment, spirituality, family changes	
	CM	transportation	referral to transportation resources	
	S	equipment	equipment functioning and use within parameters	
	S	exercises	adherence to exercise routine	
	S	laboratory findings	interpretation of tests	
	S	mobility/transfers	range of motion, mobility, strength, functioning, and risk	
	S	signs/symptoms physical	neuromusculoskeletal status	
	S	signs/symptoms physical	presence and rating of pain	
	TGC	anatomy/physiology	disease process, early recognition of symptoms	
	TGC	copng skills	dealing with symptoms and limitations, supportive approach, goal setting	
	TGC	mobility/transfers	range of motion, mobility, strength, and functioning	
	TGC	positioning	body position to support function	
	TGC	anatomy/physiology	Disease process, early recognition of symptoms	
	TP	exercises	to improve range of motion, mobility, strength, and functioning	
	TP	specimen collection	blood draws	